

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212525277				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Towers Watson Delaware Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301</p> <p>GLEN ALLEN, VA 23060-6802</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 7/31/2012</p> <p>SCC ID NO: F1160854</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 901 NORTH GLEBE ROAD</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22203</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WALTER BARDENWERPER TITLE: VICE PRESIDENT ADDRESS: 901 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WALTER BARDENWERPER TITLE: VICE PRESIDENT ADDRESS: 901 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NORMAN BUCHANAN TITLE: GLOBAL TAX DIR ADDRESS: 1500 MARKET STREET CITY/ST/ZIP/CO: CENTRE SQUARE EAST PHILADELPHIA, PA 19102 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NORMAN BUCHANAN TITLE: GLOBAL TAX DIR ADDRESS: 1500 MARKET STREET CITY/ST/ZIP/CO: CENTRE SQUARE EAST PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: NORMAN BUCHANAN TITLE: GLOBAL TAX DIR ADDRESS: 1500 MARKET STREET CITY/ST/ZIP/CO: CENTRE SQUARE EAST PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					

NAME:	PETER CHILDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	ROGER MILLAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOHN HALEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	KAREN M. ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIVACY OFFICER		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MARK BILDERBACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	ANNE BODNAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF ADMIN OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	ROBERT CHARLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNG DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	PETER CHILDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN ACCTG OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SHARON CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CH MKTG OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOHN DICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHF INFO OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JACKIE DOWD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	ADAM EICHSTADT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	NEIL FALIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JAMES FOREMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JAMES FOREMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNG DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JULIE GEBAUER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNG DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	GORDON GOULD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNG DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	PATRICIA GUINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MNG DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOHN HALEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOHN HALEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SCOTT KENNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SCOTT KENNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COMPLIANCE OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT KEYES ASST VP FOR INS 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD KLAUSNER ASST VP FOR INS 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL MCKEE CHF HR OFFICER 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL MORRIS MNG DIRECTOR 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM RIGGER ASST TREASURER 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENE WICKES MNG DIRECTOR 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ NORMAN BUCHANAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		NORMAN BUCHANAN, GLOBAL TAX DIR PRINTED NAME AND CORPORATE TITLE		7/5/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					